


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000026198**

1. Entity Name  
**ORLANDO GASTROENTEROLOGY, P.A.**



Principal Place of Business      Mailing Address

**6336 W COLONIAL DR**      **6336 W COLONIAL DR**  
**ORLANDO, FL 32818**      **ORLANDO, FL 32818**



04122005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**01-0835089**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

**POTHAMSETTY, SRIKIRAN**  
**6336 W COLONIAL DR**  
**ORLANDO, FL 32818**

**DO NOT WRITE IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$160.00**      Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.      **Added to Fees**

000000353948  
 05/03/05-80088-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POTHAMSETTY, SRIKIRAN 6336 W COLONIAL DR ORLANDO, FL 32818
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SRIKIRAN POTHAMSETTY*      **SRIKIRAN POTHAMSETTY**      **4/29/05**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #